

CITY OF FRANKFORT FIRE DEPARTMENT

BLASTING PERMIT APPLICATION

Permit Number

Date

Name of Firm _____

Address _____

Name of Applicant _____

Address _____

Insurance Company _____

(Blasting Insurance)

Address _____

Names of Persons Handling Explosive Responsible to Applicant _____

Type of explosives to be used _____

Location where blasting is to occur _____

Dates

Start

Completion

Purpose of blasting _____

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS FAMILIAR WITH ALL
REGULATIONS AND SPECIAL INSTRUCTIONS APPLICABLE TO THE TYPE OF
EXPLOSIVE TO BE USED

Applicant's Signature

Date